

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90240 045 \*\*\*158.75

**DOCUMENT # L88368****1. Entity Name**  
**BAKER CONTRACTING, INC.****Principal Place of Business****15804 BROTHERS COURT**  
**UNIT 1**  
**FORT MYERS, FL 33912 US****Mailing Address****15804 BROTHERS COURT**  
**UNIT 1**  
**FORT MYERS, FL 33912 US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

04262004

Chg-P

CR2E034 (10/03)

**4. FEI Number****65-0209989**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****BAKER, STEPHEN**  
**15804 BROTHERS COURT**  
**UNIT 1**  
**FORT MYERS, FL 33912****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00****9. Election Campaign Financing**  
**Trust Fund Contribution.****\$5.00 May Be**  
**Added to Fees****10. OFFICERS AND DIRECTORS****TITLE** **P** ☐ Delete  
**NAME** **BAKER, STEPHEN**  
**STREET ADDRESS** **13551 CHINA BERRY WAY**  
**CITY-ST-ZIP** **FORT MYERS, FL 33908****TITLE** **VP** ☐ Delete  
**NAME** **SAMMET, GEORGE**  
**STREET ADDRESS** **9208 HAMLIN ROAD EAST**  
**CITY-ST-ZIP** **FORT MYERS, FL****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stephen H. Baker* **4/26/04** **239 4846409**  
Date Daytime Phone #